

RESPITE

Service Description

H048-JN

A service that provides short-term care and supervision consistent with the health needs of the person to supplement care to provide a safe living environment and/or to support or relieve caregivers for the benefit of the person.

Services are provided as a planned or unplanned non-routine interval of rest and/or relief to a family member or other unpaid person who resides with and provides ongoing care for a

Division member~~consumer~~.

Service Requirements and Limitations

1. This service may be provided in the following settings:

1.1 The member's~~consumer's~~ home;

1.2 The member's community~~.Any community site inspected and approved by the Department of Economic Security;~~

1.3 The home of the ~~Qualified Vendor~~ direct service staff, ~~that has been inspected and approved by the Department of Health or the Department of Economic Security;~~

1.4 A licensed group home or developmental home (child or adult) under certain circumstances with the approval of the Division District Program Manager or designee where the service is being provided.~~licensed by the Department of Economic Security;~~
or

1.5 An administrative or service site of the Qualified Vendor (whether owned or leased).~~Medicare/Medicaid certified nursing facility; or~~

~~1.6 A certified ICF/MR~~

2. When the services~~occurs~~ in any administrative or service site of the Qualified Vendor (whether owned or leased) or home of the direct service staff~~setting other than the consumer's home~~, the site~~setting~~ must be~~meet all~~ licensed~~ing~~ and/or inspected, and, certified~~ed~~ation, and inspection requirements.

3. If out-of-home respite is provided in a licensed facility, the facility shall not provide services to more members~~individuals~~ than its license allows.

4. This service shall not be provided when the member~~consumer~~ is hospitalized.

5. This service shall not be provided to ~~memberseconsumers~~ living in group homes ~~or~~, vendor supported developmental homes (child or adult) when the home is the member's primary ongoing residence, skilled nursing facilities, non-state operated Intermediate Care Facilities ("ICFs")/MR, or Level I or Level II behavioral health facilities, or to ~~memberseconsumers~~ living independently.
6. The current annual limit for ~~this respite services~~ is six hundred (600) ~~720 (seven hundred and twenty)~~ hours per member. For Respite the benefit year is October 1st through September 30th.

Service Goals and Objectives

Service Goals

1. To provide relief to a family member or person caring for a ~~member-consumer~~.
2. To provide supervision either in or outside of the home, as well as supporting the emotional, physical, and mental well-being of the ~~membereconsumer~~.

Service Objectives

The Qualified Vendor shall ensure that the following objectives/~~outcomes~~ are met:

1. Determine the ~~membereconsumer's~~ routine plan of care from the member/~~member'seconsumer's~~ caregiver.
2. As identified in the ~~member'seconsumer's planning document~~ [e.g., Individual Support Plan ("ISP")] and/or routine plan of care, provide respite care and service to the ~~membereconsumer~~.
 - 2.1 Provide for the social, emotional, and physical needs of the ~~membereconsumer~~.
 - 2.2 ~~Assist with self-administration of medication or Ensure that the consumer receives medication reminders as prescribed.~~
 - 2.3 Provide first aid and appropriate attention to injury and illness.
 - 2.4 Ensure provision of food to meet daily dietary needs. Therapeutic diets requiring specialized ingredients or food supplements will be supplied by the family.
 - 2.5 Assist the ~~membereconsumer~~ in utilizing transportation to support the ~~membereconsumer~~ in all daily living activities, e.g., day treatment and training, employment situation, medical appointments, visits with family and friends, and other activities.
 - 2.6 Carry out any programs identified in the ~~member'seconsumer's planning document~~ ISP and/or routine plan of care.

Service Utilization Information

1. The amount of Respite is determined on a yearly basis through the planningISP process not to exceed the amount set by Federal or State Medicaid rules [six hundred (~~600720seven and twenty~~) hours].
2. The planningISP team shall decide, prior to the delivery of services, who and how service delivery will be monitored.
3. When families have more than one (1) ~~memberconsumer~~ eligible for Respite from the Division and all eligible members will be receiving Respite at the same time, the hours will be deducted from the authorized level of Respite for each memberconsumer.
4. Families receiving Respite for a memberconsumers who wishes other non-eligible individuals to receive care will be responsible for the costs of serving the non-eligible individual. The Division will only pay for services delivered to memberseconsumers authorized by the Division to receive such service. If the non-eligible individual(s) are utilizing the same caregiver, the applicable multiple client rate would apply for the Division-eligible memberseconsumers. For example, if two (2) memberseconsumers were eligible and a third (3rd) individual was not eligible and all three (3) individuals werewas sharing the direct service provider, the three (3) person multiple client rate would be the proper rate for the two (2) eligible memberseconsumers, not a two (2) person rate.
5. The Qualified Vendor shall not serve, at one time, more individuals than can safely be provided for, and not more than three (~~32~~) people by one (1) direct service staff person, giving considerations to compatibility (e.g., age, diagnoses, behavior, gender, ~~etc.~~).
- 6. ~~MembersConsumers~~ shall be in the care of a certified/contracted Respite provider at all times while in Respite service. The ~~memberconsumer~~ will not be transferred to another certified/contracted Respite provider without the consent of the member/member'seconsumer's representative.
7. If the member requires respite to be provided by a skilled nurse as assessed by the Division's Health Care Services Nurse, the service becomes Nursing Respite. When providing Nursing Respite, the Qualified Vendor shall have applied for and been awarded the service of Nursing.
8. This service is not intended to be used for the sole purpose of transportation but may be used to provide incidental transportation necessary to support the member's program activities.

Rate Basis

1. Published. The published rate is based on one (1) hour of direct service.

2. Throughout the term of the contract, the appropriate billing codes, billing units, and associated billing rules are subject to change. All billing codes and billing units, and associated billing rules will be included in the Division's Policies and Procedures Manual, Billing Manual, *RateBook*, and/or other provider resources made available by the Division.

Direct Service Staff Qualifications

1. All direct service staff must have at least three (3) months experience in providing assistance to an individual to meet essential personal physical needs as described in Arizona Administrative Code ("A.A.C.") R6-6-1532 ("such as showering, bathing, toileting, and eating").
2. Direct service staff must have the ability to provide assistance to a ~~member~~consumer to meet essential personal, physical, and homemaking needs. This ability includes social, physical, and emotional fitness.

Direct Service Training Requirements

See Section 5.3.5 in Service Requirements/Scope of Work in the Qualified Vendor Agreement pertaining to—Direct Service Training Requirements.

Recordkeeping and Reporting Requirements

1. The Qualified Vendor shall maintain daily records on file as proof of the number of hours worked by ~~each~~their direct service staff, ~~e~~ providing direct service to members-g., staff time sheets.
 - 1.2 Each time ~~-sheet,-~~ equivalent document, or data system shall ~~must~~ contain the original ~~be signed or other independent verification~~ (that complies with A.R.S. § 41-132) of by the ~~member~~consumer/~~member~~consumer's representative after service delivery as confirmation to verify of hours worked. Proof of hours worked must be signed or verified by the member/~~member's~~ representative ~~of service~~ before the Qualified Vendor submits the claim for payment. -
2. The Qualified Vendor shall adhere to the requirements of "non-provision of service" as required by Division policy (see Section 5.2.6 in Service Requirements/Scope of Work in the Qualified Vendor Agreement).
23. The Qualified Vendor shall maintain data that documents full compliance with all programmatic and contractual requirements of the Department and the Division.